

# PAYMENT REQUEST FORM

Scan with Invoice and Send to: [FCPSInvoices@fcps.edu](mailto:FCPSInvoices@fcps.edu)  
 (OR Submit hardcopy with Invoice to Accounts Payable)

Department/School	
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Request Date	
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Vendor Name	
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Payment Due Date	
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Vendor Number	
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Pay-To Address	
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(If Pay-To address is not in vendor list, please set up vendor first)

Amount to Pay	
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Partial or Final	<input type="checkbox"/> Partial <input type="checkbox"/> Final
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Invoice Number	
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Contract Number	
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Invoice Date	
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<input type="checkbox"/> If payment is 1099 reportable, check here
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		Encumbered Document		Direct Pay Request (Unencumbered)			
		<small>(Required if Funds Reservation create</small>		<small>Cost Object (Must have at least one for Direct Pay Request)</small>			
G/L Acct	Amount	Earmarked Fund #	Line #	Cost Center #	Internal Order #	WBS Element #	Grant #
<b>Total Amount</b>							

**Retainage**

Current Balance of Retainage _____	If partial payment
New Retainage Balance _____	Percentage for Data Entry _____
Increase/Decrease Retainage Balance _____	
Percentage of Retainage (0.25 increments from 0.25%-10.00%) _____	If final payment
	Final Retainage Pmt Amt _____
Other Comments: _____	

**Comments/Further Instructions**

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Initiator Name (Print) \_\_\_\_\_ Phone Number \_\_\_\_\_

Authorized Signature \_\_\_\_\_ Phone Number \_\_\_\_\_

Print Name of Authorizer \_\_\_\_\_

## PAYMENT REQUEST FORM INSTRUCTIONS

(only required for payments without a purchase order)

### PURPOSE

This form is used to make a request for payment processing for Non-PO (Direct Pay) items to Accounts Payable. The preferred method is to type the information within the fields provided. This form can be used for the following payment types:

Capital Construction

Utility Payment

Check Void/Reissue

Employee Reimbursement

Petty Cash Replenishment

Lease Payments

Use of the same vendors for multiple types of payments would require sending separate Payment Request Forms. One Payment Request Form is required per Non-PO invoice.

### FOR QUESTIONS ABOUT THIS FORM

Questions on completing the form should be directed to FCPS Accounts Payable.

### WHERE TO SEND THE COMPLETED FORM

Attach the scanned document in an e-mail and submit to [FCPSInvoices@fcps.edu](mailto:FCPSInvoices@fcps.edu). Please include in the e-mail subject the Vendor Name, Amount, and Due Date.

If you prefer to send the hard copy it can be sent to Accounts Payable. Do not send a hard copy if you have already sent by e-mail.

### DETAIL INSTRUCTIONS

1. **Department/School:** Type your department or school name.
2. **Vendor Name:** Type the vendor name.
3. **Vendor Number:** Type the 10 digit SAP vendor number.
4. **Amount to Pay:** Type the total amount to pay.
5. **Invoice Number:** Type the invoice number.
6. **Request Date:** Input the date the payment request is made to AP.
7. **Payment Due Date:** Input the date the payment is requested by.
8. **Pay-To Address:** 1) If pay-to address is the same as the one for the vendor ID you selected, leave this blank. 2) If pay-to address is not in the SAP vendor file, please set up the vendor first. Payments can be processed for existing vendors only. If you do not have the ability to set up a vendor, Central AP will do so for you. In that case, type "Need New Vendor" in the Vendor Number field above.
9. **Partial or Final:** Mark "partial" only if this is a partial payment from an encumbrance document.
10. **Contract Number:** If applicable, type any relevant contract number.
11. **1099 Box:** Check mark if 1099 reportable. See 16 for further instruction.
12. **Accounting Fields:** Department/School is required to identify the accounting elements for each payment. The G/L Accounts designates the types of revenue, expense, or balance sheet item. Payments related to expenses require a G/L Account, and at least one cost element (Cost Center #, Internal Order #, WBS Element # or Grant #).
13. **Retainage:** This box is used for Capital Construction project costs only. Retainage should be calculated on the ¼ percent and will be processed per ¼ percent payment terms.
14. **Comment/Further Instructions:** Use this for requesting Special Pick Up, Check Hold, or other instructions related to handling of checks. Also, if the 1099 box is selected, provide the tax code here: 01-Rents, 03-Other Income, 06-Medical and Health Care, 07-Non-employee Compensation, 3C-Gross Proceeds to Attorney.